ORIGINAL

	A STATE OF THE PARTY OF THE PAR
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also completed item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. Article Addressed to: 020917 	A. Received by (Please Print Operaty) B. Date of Delivery Signature Agent Addressee D. Is delivery address different from item 1? Yes
Boulevard Hotel, Inc. 740 Ocean Drive Miami Beach FL 33139-6220	If YES, enter delivery address below:
	3. Service Type Certified Mail
Article Number (Transfer from service label)	0860 0001 1755 5760
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

AUS	to an exercise :
CAF	***********
CMP	
CCM	
CTR	rescuerte an
ECR	3 markethy
GCL	private and
OPC	oriziones*
MMS	Sandana
SEC	
OTH	

DOCUMENT NUMBER - CATE